health for all

ONE COMMON GOAL

WORLD HEALTH ORGANIZATION

health for all

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The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

(WHO Constitution)

One hundred and sixty-six countries cooperate in the field of health and have set for themselves a common goal, "Health for All by the Year 2000". The World Health Organization (WHO), their chosen instrument for reaching this goal, was given its mandate as the United Nations' specialized agency for international health work in 1946, with a Constitution which took effect on 7 April 1948. That date is now commemorated each year as World Health Day.

The goal at the end of this century is that people everywhere should have access to health services which will enable them to lead socially and economically productive lives. The Global Strategy for Health for All, adopted in May 1981, represents a solemn agreement between the governments and WHO.

"Health for All by the Year 2000" does *not* mean that by then disease and disability will no longer exist, or that doctors and nurses will be taking care of everybody. What it does mean is that resources for health will be evenly distributed, and that essential health care will be accessible to everyone, with full community involvement. It means that health begins at home, in schools and in factories, and that people will use better approaches than they do now for preventing disease and alleviating unavoidable disease and disability. It means that people will realize that they have the power to shape their own lives and the lives of their families, free from the avoidable burden of disease, and aware that ill-health is not inevitable.

2000

Primary health care

In 1978, the International Conference on Primary Health Care, held in Alma-Ata, USSR, declared that *primary health care* is the key to attaining the goal of Health for All by the Year 2000 (H/2000).

Primary health care is based on practical, scientifically sound and socially acceptable methods and technology. It should be made universally accessible to individuals and families in their community through their full participation and at an affordable cost on a continuing basis. Primary health care takes place at the first contact between individuals and the national health system, as close as possible to where people live and work. It is the first element in a continuing health care process and forms an integral part of the country's health system.

Alma-Ata Declaration

The Declaration of Alma-Ata defined the eight essential elements of primary health care as:

a) education concerning prevailing health problems and the methods of preventing and controlling them;

b) promotion of food supply and proper nutrition;

c) an adequate supply of safe water and basic sanitation;

d) maternal and child health care, including family planning;

e) immunization against the major infectious diseases;

f) prevention and control of locally endemic diseases;

g) appropriate treatment of common diseases and injuries;

h) provision of essential drugs.

The H/2000 strategy calls for concerted action in the health and related socio-economic sectors. For it to succeed, the commitment of political, economic and social decision-makers is essential to bring about the necessary coordinated efforts mobilizing public support and involvement. The application of managerial processes is also critical for the implementation of the strategy.

The role of WHO

As a cooperative organization, WHO is the collective expression of the health aspirations and actions of its Member States as a whole, and the partner of each one.

Under the global Health for All strategy, the Member States and WHO have resolved to place special emphasis on the developing countries. Nevertheless, the benefits of WHO's international health work are reaped by all countries, including the most developed. For example, all nations have benefited from their contributions to the WHO programmes which led to the global eradication of smallpox and to better and cheaper ways of controlling tuberculosis.

WHO's main functions can be summed up as follows: to act as directing and coordinating authority on international health work, to ensure valid and productive technical cooperation, and to promote research.

WHO establishes norms and standards in a variety of fields. Examples are food, biological and pharmaceutical standards, standardized diagnostic procedures, environmental health criteria and the international nomenclature and classification of diseases.

An important aspect of WHO's function is the generation and international transfer of valid information on health matters. WHO serves as a clearing-house, absorbing, distilling, synthesizing and disseminating health information of many kinds.

Besides providing technical cooperation for individual Member States, WHO facilitates technical cooperation between them, whether they are developed or developing.

Health infrastructure

WHO helps countries to reinforce their health systems by building up the infrastructure and, in particular, health manpower. The infrastructure includes services for the individual, family and community, health institutions, systems for referring complex problems to more specialized services, and the provision of essential drugs and other supplies and equipment.

Appropriate technology

WHO promotes the research required to develop appropriate health technologies, and to identify social and behavioural approaches that could lead to healthier lifestyles in both industrialized and developing societies.

These technical, social and behavioural investigations relate to all aspects of health, including nutrition, safety of the environment, safe drinking water and sanitation, mental health, the control of specific diseases, accident prevention, medical care and rehabilitation.

Preventing and combating disease

Prevention is a key word in WHO. Immunization, which prevents the six major communicable diseases of childhood—diphtheria, measles, poliomyelitis, tetanus, tuberculosis and whooping-cough—should be available to all children who need it. WHO leads a world-wide campaign to provide effective immunization for all children by 1990.

Provision of safe drinking water and adequate excreta disposal for all are the objectives of the International Drinking Water Supply and Sanitation Decade proclaimed by the United Nations in 1981 and supported by WHO.

WHO is also active in international efforts to combat the diarrhoeal diseases, killers of infants and young children. The widespread introduction of oral rehydration salts (ORS) together with improved drinking water supply and sanitation will greatly reduce childhood mortality from diarrhoea.

Emergency assistance

WHO can organize emergency assistance using national and international resources. Reports on outbreaks of communicable diseases are received by WHO and made available immediately to health administrations everywhere. International Health Regulations have been established to prevent the spread of disease across national borders, protect international travellers and ensure the smooth flow of travel and trade.

Research

WHO identifies important research goals and organizes collaboration between researchers on all five continents. It promotes further training of staff and the upgrading of laboratories in order to strengthen national research capability.

WHO administers global research programmes, for example the WHO Special Programme of Research, Development and Research Training in Human Reproduction, and the UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (malaria, leprosy, schistosomiasis, filariasis, trypanosomiasis and leishmaniasis). Research programmes are developed with the help of scientific and technical groups of specialists. Altogether WHO can call on the services of about 3,500 scientists from 115 countries.

Coordination

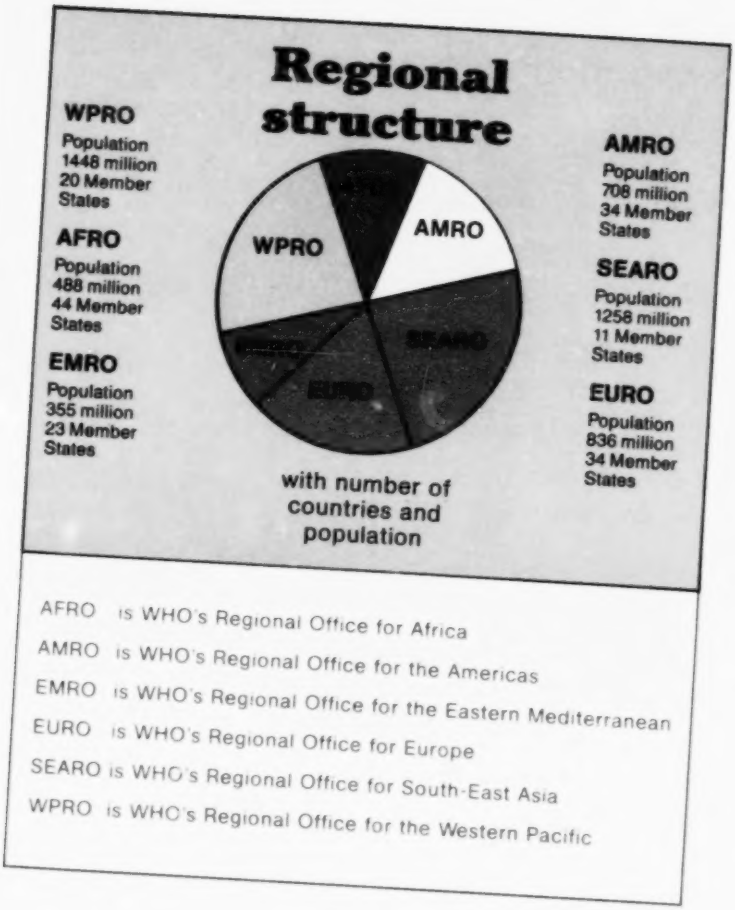
WHO coordinates its international action with the United Nations system in the field of health and socio-economic development. WHO also works with international non-

Structure of WHO

The central authority in WHO is the World Health Assembly, which determines the Organization's policies. It meets once a year in May and is attended by national delegations from all Member States. The WHO Executive Board, which meets twice a year, is made up of 31 people who are designated by their countries for three-year periods of office; however, they act in their personal capacity as public health experts. The Executive Board advises the World Health Assembly and gives effect to its policies.

Six regions

The Organization is divided into six regions, in each of which there is a regional committee. Each regional committee meets once a year and is attended by representatives of the Member States in that region. It formulates policies of a regional character and monitors regional activities.



The Secretariat of WHO is headed by the Director-General, the chief technical and administrative officer, elected by the World Health Assembly. The headquarters is in Geneva. In each region a regional office acts as the administrative organ of the regional committee, which elects the Regional Director. The Pan American Health Organization (PAHO) acts as the regional office of WHO for the Americas with the name of AMRO.

Expert committees and scientific groups provide WHO with technical advice on most aspects of its work, including medical research, for which advisory committees have been established at the global level and in each region. These bodies ensure the close association of leading representatives of the scientific community with WHO's activities.

Finances

Member States contribute directly to the WHO budget according to a scale of assessments established by the World Health Assembly and similar to that used by the United Nations. Extra-budgetary voluntary contributions to WHO are also made by countries, intergovernmental and non-governmental organizations, and individuals.

WHO is making efforts to rationalize the international flow of resources for health and to mobilize additional resources. On request, it assists developing countries to prepare proposals for external funding for health.

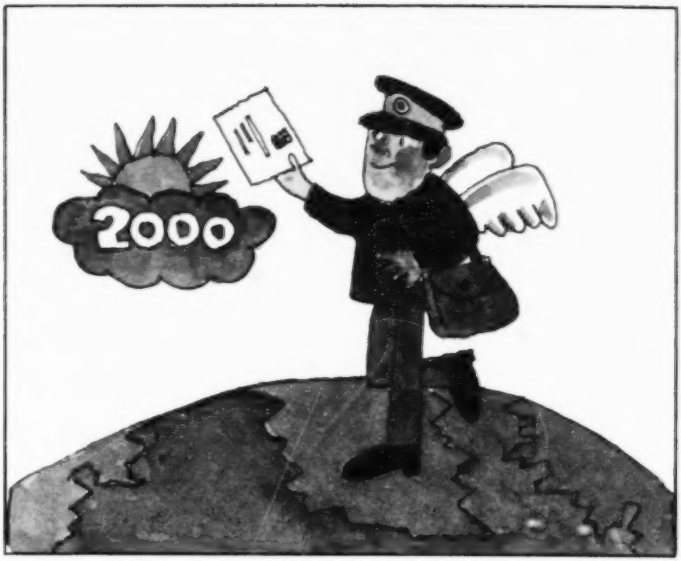
WHO publications

WHO issues a variety of publications of interest to different audiences.

Periodicals include the illustrated magazine *World Health*, dealing with a wide range of health topics. Intended for decision-makers, opinion leaders and information conveyors, it is written in popular language.

World Health Forum is a quarterly publicising new approaches and ideas for tackling health and development problems. The *Bulletin of the World Health Organization* disseminates information relating to the scientific aspects of WHO programmes and connected scientific research. WHO also publishes monographs, reports of expert committees, recommendations on standards and specifications, guidelines, bibliographies, directories, and periodicals dealing with health statistics and health legislation.

Annual reports on WHO activities are prepared by the Director-General and the Regional Directors.



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